California State Board of Pharmacy
400 R Street, Suite 4070, Sacramento, CA 95814
Phone (916) 445-5014
Fax (916) 327-6308
Website - www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

INTERN PHARMACIST REGISTRATION REQUIREMENTS AND INSTRUCTIONS

To apply for registration as an intern pharmacist in California, an applicant must meet one of the following requirements:

- Presently enrolled in an accredited school of pharmacy, or
- A candidate for the next scheduled board examination, or
- A foreign graduate who has successfully passed the FPGEE where the board has received verification from FPGEC and whose education has been or is currently being evaluated by the board. (The Board must make a written request to FPGEC for verification of your FPGEC results. This process will add 8 to 10 weeks to the processing of your intern application.)

To be considered complete your application must include the following:

1. **A check or money order** in the amount of $65.

2. **An application form** with all questions answered and signed and dated by the applicant with a photograph attached. Photos taken by personal Polaroid cameras are unacceptable, as they tend to detach from the backing. Passport types of photographs are acceptable.

   The dean of the pharmacy school must sign designated questions if applicant is currently enrolled.

3. **A copy of Request for Live Scan Service Form** verifying your fingerprints have been scanned and all applicable fees have been paid. Refer to Instructions for Completing Request for Live Scan Service Form. The board will only accept Live Scan Service Forms from California residents.

   If you reside out of state, you must submit rolled fingerprint on cards provided by the board and a fingerprint processing fee of $42 ($32 California Department of Justice (DOJ) processing fee and $10 expedite fee). You may contact the board to request the fingerprint cards at (916) 445-5014. The board will only accept fingerprint cards from residents outside of California.

   Fingerprints must be on cards provided by the board and taken by a person professionally trained in the rolling of prints. Fingerprint clearances from cards take approximately six weeks. Poor quality prints may result in rejection and will substantially delay licensing.

4. **A Rules of Professional Conduct Affidavit** must be signed and dated by applicant.

   If you would like notification that the board has received your application, please submit a postage-paid postcard addressed to yourself.

INTERN REQUIREMENTS FOR BOARD EXAMINATION

Division 17 of Title 16, section 1719 (b), California Code of Regulations Code states:

All candidates for the pharmacist licensure examination shall have completed a minimum of 1,000 hours experience prior to applying for the examination.

INTERN REQUIREMENTS FOR LICENSURE

a. Education: All candidates must have graduated with a baccalaureate or PharmD degree from a college of pharmacy or department of pharmacy recognized by the board. Foreign pharmacy school graduates must fulfill board requirements needed to establish the equivalency of the foreign pharmacy education with that of domestic graduates. Additionally, all candidates must have completed at least 150 semester units of collegiate study.

b. Minimum Hours: All intern pharmacists must complete 1,500 hours of experience as a prerequisite for licensure.

   (1) First Year Maximum: A maximum of 250 of the recognized 1,500 hours may be obtained during the first year of pharmacy education in a program sponsored by a school of pharmacy recognized by the board.

   (2) Preceptor Supervision: A minimum of 900 of the required 1,500 hours must be obtained in a pharmacy under the supervision of a preceptor.

   (3) Board Approved Experience: A maximum of 600 of the required 1,500 hours may be granted at the discretion of the board for other experience which substantially relates to the practice of pharmacy.

c. Required Areas of Experience: Effective January 1, 1986, all applicants for licensure must complete experience in both community pharmacy and institutional pharmacy practice settings in the following areas:

   (1) Receiving and interpreting the prescription;
   (2) Patient medication profiles;
   (3) Prescription preparation;
   (4) Consultation;
   (5) Record keeping;
   (6) Over-the-counter products;
   (7) Drug information

d. Proof of Experience: All intern pharmacists are required to submit proof of their experience on board approved affidavits which shall be certified by the preceptor under whose immediate supervision such experience was obtained.

e. Out-of-State Exemption: Anyone who is licensed as a pharmacist in any state and who has practiced as a pharmacist in that state for at least one year, as certified by the board of pharmacy of that state, shall be exempt from the pharmaceutical requirements of this section. (See exam instructions for further information and requirements regarding this exemption.)

California State Board of Pharmacy
400 R Street, Suite 4070, Sacramento, CA 95814-6237
Phone (916) 445-5014
Fax (916) 327-6308

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

APPLICATION FOR REGISTRATION AS AN INTERN PHARMACIST

(Please print or type)

NAME: Last	First	Middle	Former
ADDRESS: Number	Street		
City	State	Zip	
Home telephone number ( )	Work telephone number ( )		
Date of Birth	Drivers License Number/State	Social Security Number*	
Email address			

TAPE A PHOTOGRAPH TAKEN WITHIN 60 DAYS OF THE FILING OF THIS APPLICATION

NO POLAROID

Are you a candidate for the licensure examination? Yes ☐ No ☐

Have you previously applied for registration as an intern pharmacist with the board? Yes ☐ No ☐

If "yes", please provide date and intern registration number_____ _____
Date Intern number

TO BE COMPLETED BY DEAN OF COLLEGE: (If you are presently enrolled)

I, _____ being Dean of _____

a school or college of pharmacy recognized by the California State Board of Pharmacy, do hereby certify that

_____, whose application for intern pharmacist registration is shown on

this form, is registered as a student in this institution seeking a BS ☐ or Pharm.D. ☐ degree in pharmacy.
(mark appropriate box)

Year in school _____ Expected date of graduation _____

Signature _____Title _____Date_____

DO NOT WRITE BELOW THIS LINE

FP Cards ☐ FP Clear ☐ Photo ☐ Rules ☐	Registration no _____ Date issued _____ Date expires _____	App fee no._____ Amount _____ Date cashiered _____

1. Have you ever taken the California pharmacist licensure exam? Yes ☐ No ☐
   If "yes", please provide exam date _____

2. Have you ever applied and not taken the exam? Yes ☐ No ☐
   If "yes", please provide exam date _____

3. Are you a registered pharmacy technician in California? If "yes", please provide California Pharmacy Technician Registration number _____ Yes ☐ No ☐

4. Have you ever been registered as a pharmacist in California? If "yes", please provide California Pharmacist License number _____ Yes ☐ No ☐

5. Have you ever been expelled from a pharmacist licensure exam administered in this state or any other state? If "yes", please provide the date and state. Yes ☐ No ☐

   _____

6. Have you previously taken a pharmacist exam which was not graded or had exam results withheld on grounds of dishonest conduct during an examination in this state or any other state? If "yes", please provide the date and state. Yes ☐ No ☐

   _____

7. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety without exposing others to significant health and safety risks? If "yes", please attach a statement of explanation. If "no", proceed to #9. Yes ☐ No ☐

8. Are the limitations caused by your medical condition reduced or improved because you receive ongoing treatment or participate in a monitoring program? If "yes", please attach a statement of explanation. Yes ☐ No ☐

   If you do receive ongoing treatment or participate in a monitoring program, the board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.

9. Do you currently engage or have been engaged in the past two years, in the illegal use of controlled substances? Yes ☐ No ☐

   If "yes", are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If "yes", please attach a statement of explanation.

10. Have you ever been convicted of or pled no contest to a violation of any law of the United States, a foreign country or any state laws or local ordinances? You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside under Penal Code section 1203.4 (Traffic violations of $500 or less need not be reported). Yes ☐ No ☐

    If "yes", please attach an explanation which must include the type of violation, the date, circumstances, location, and the complete penalty received.

11. Has disciplinary action ever been taken against your pharmacist or intern permit in this state or any other state? If "yes", please attach a statement of explanation. Yes ☐ No ☐

12. Have you ever had an application for a pharmacist license or an intern permit denied in this state or any other state? If "yes", please provide a statement of explanation. Yes ☐ No ☐

13. Have you had a pharmacy permit, or any professional or vocational license or registration denied, suspended, revoked, or placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state? If "yes", please provide the name of company, type of permit, type of action, year of action and state. Yes ☐ No ☐

14. Are you currently or have you previously been listed as a corporate officer, partner, owner, manager, member, administrator or medical director on a permit to conduct a pharmacy, wholesaler, medical device retailer or any other entity licensed in this state or any other state? If "yes", please provide company name, type of permit, permit number and state. Yes ☐ No ☐

You must provide a written explanation for all affirmative answers. Failure to do so will ultimately result in this application being deemed withdrawn as incomplete.

Please read carefully and sign below.

I understand that, as an intern pharmacist, I may not perform any duties required of a pharmacist except when I am working under the direct and personal supervision of a pharmacist. I also understand that should I perform any duties which I am not licensed to perform or should I take charge of and operate a pharmacy in the absence of a pharmacist, I am placing my ability to become a licensed pharmacist in jeopardy.

I further understand that I must submit a record of my intern pharmacist experience on a form furnished by the Board, certified by the pharmacist under whose immediate supervision such experience was attained, if I expect to receive credit for such experience toward completion of my experience requirement.

Applicant understands that falsification of the information on this form, may constitute grounds for denial or revocation of the registration. I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing application, including all supplementary statements. I also certify that I personally completed this application. I understand that I must notify the board in writing of any change of address during my internship. I have also read and understand the instructions attached to this application.

_____ _____

Signature of applicant (in full, no initials) Date signed

All items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information will be used to determine qualifications for registration under the California Pharmacy Law. The official responsible for information maintenance is the Executive Officer, telephone (916) 445-5014, 400 R Street, Suite 4070, Sacramento, California 95814-6237. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on them by our agency, unless the records are identified as confidential information and exempted by Section 1798.3 of the Civil Code.

* Disclosure of your U.S. social security account number is mandatory. Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social

security account number your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a $100 penalty against you.

Under California law each person licensed by the Board of Pharmacy is a "mandated reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.

California Penal Code section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars ($1,000), or by both that imprisonment and fine.

For further details about these requirements, consult Penal Code sections 11164, and following.

California State Board of Pharmacy
400 R Street, Suite 4070, Sacramento, CA 95814-6237
Phone (916) 445-5014
Fax (916) 327-6308

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

RULES OF PROFESSIONAL CONDUCT

(Please Sign and Return to the Board)

1714 OPERATIONAL STANDARDS AND SECURITY

(d) Each pharmacist while on duty shall be responsible for the security of the prescription department, including provisions for effective control against theft or diversion of dangerous drugs and devices, and records for such drugs and devices. Possession of a key to the pharmacy where dangerous drugs and controlled substances are stored shall be restricted to a pharmacist.

1715.6 REPORTING DRUG LOSS

The owner shall report to the Board within thirty (30) days of discovery of any loss of the controlled substances, including their amounts and strengths.

1717. PHARMACEUTICAL PRACTICE

(a) No medication shall be dispensed on prescription except in a new container which conforms with standards established in the official compendia.
Notwithstanding the above, a pharmacist may dispense and refill a prescription for non-liquid oral products in a clean multiple-drug patient medication package (patient med pak), provided (1) a patient med pak is reused only for the same patient; (2) no more than a one-month supply is dispensed at one time; and (3) each patient med pak bears an auxiliary label which reads, "store in a cool, dry place."

(b) In addition to the requirements of section 4040, Business and Professions Code, the following information shall be maintained for each prescription on file and shall be readily retrievable:
(1) The date dispensed, and the name or initials of the dispensing pharmacist. All prescriptions illed or refilled by an intern pharmacist must also be initialed by the preceptor before they are dispensed.
(2) The brand name of the drug or device; or if a generic drug is dispensed, the distributor's name which appears on the commercial package label; and
(3) If a prescription for a drug or device is refilled, a record of each refill, quantity dispensed, if different, and the initials or name of the dispensing pharmacist.
(4) A new prescription must be created if there is a change in the drug, strength, prescriber or directions for use, unless a complete record of all such changes is otherwise maintained.

(c) Promptly upon receipt of an orally transmitted prescription, the pharmacist shall reduce it to writing, and initial it, and identify it as an orally transmitted prescription. If the prescription is then dispensed by another pharmacist, the dispensing pharmacist shall also initial the prescription to identify him or herself.
All orally transmitted prescriptions shall be received and transcribed by a pharmacist prior to compounding, filling, dispensing or furnishing.
Chart orders as defined in section 4019 of the Business and Professions Code are not subject to the provisions of the subsection.

(d) A pharmacist may furnish a drug or device pursuant to a written or oral order from a prescriber licensed in the State other than California in accordance with Business and Professions Code section 4005.

(e) No licensee shall participate in any arrangement or agreement, whereby prescriptions, or prescription medications, may be left at, picked up from, accepted by, or delivered to any place not licensed as a retail pharmacy.
However, a licensee may pick up prescriptions at the office or home of the prescriber or pick up or deliver prescriptions or prescription medications at the office of or a residence designated by a

patient or at the hospital, institution, medical office or clinic at which the patient is present. The Board may in its sole discretion waive this application of the regulation for good cause shown.

(f) A pharmacist may transfer a prescription for Schedule III, IV, or V controlled substances to another pharmacy for refill purposes in accordance with Title 21, Code of Federal Regulations, Section 1306.26.
Prescriptions for other dangerous drugs which are not controlled substances may also be transferred by direct communication between pharmacists or by the receiving pharmacist's access to prescriptions or electronic files that have been created or verified by a pharmacist at the transferring pharmacy. The receiving pharmacist shall create a written prescription, identifying it as a transferred prescription; and record the date of transfer and the original prescription number. When a prescription transfer is accomplished via direct access by the receiving pharmacist, the receiving pharmacist shall notify the transferring pharmacy of the transfer. A pharmacist at the transferring pharmacy shall then assure that there is a record of the prescription as having been transferred, and the date of transfer. Each pharmacy shall maintain inventory accountability and pharmacist accountability and dispense in accordance with the provisions of Section 1716. Information maintained by each pharmacy shall at least include:
(1) Identification of pharmacist(s) transferring information;
(2) Name and identification code or address of the pharmacy from which the prescription was received or to which the prescription was transferred, as appropriate;
(3) Original date and last dispensing date;
(4) Number of refills and date originally authorized;
(5) Number of refills remaining but not dispensed;
(6) Number of refills transferred.

(g) The pharmacy must have written procedures that identify each individual pharmacist responsible for the filling of a prescription and a corresponding entry of information into an automated data processing system, or a manual record system, and the pharmacist shall create in his/her handwriting or through hand-initialing a record of such filling, not later than the beginning of the pharmacy's next operating day. Such record shall be maintained for at least three years.

1761. ERRONEOUS OR UNCERTAIN PRESCRIPTIONS

(a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity, or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription.

(b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose.

1764. UNAUTHORIZED DISCLOSURE OF PRESCRIPTIONS

No pharmacist shall exhibit, discuss, or reveal the contents of any prescription, therapeutic effect thereof, the nature, extent, or degree of illness suffered by any patient or medical information furnished by the prescriber with any person other than the patient or his or her authorized representative, the prescriber or other licensed practitioner then caring for the patient, another licensed pharmacist serving the patient, or a person duly authorized by law to receive such information.

1765. COMMISSIONS, GRATUITIES, REBATES

An unlawful commission, gratuity or rebate prescribed by this article and Business and Professions Code Section 650 includes the rendering by a pharmacist or pharmacy of consultant pharmaceutical services such as those required pursuant to Title 22, Division 5, Chapters 3 and 4 (skilled nursing facilities and intermediate care facilities) to a licensed health care facility for no cost, nominal cost, or below reasonable cost, if that pharmacist or pharmacy obtains patients, clients or customers and/or their prescription order from that licensed facility or entity.

The determination of the value of consultant pharmaceutical services rendered shall include, but not be limited to, the value of all goods and services furnished by the pharmacist or pharmacy to a licensed health care facility.

1793.1 DUTIES OF A REGISTERED PHARMACIST

Only a registered pharmacist, or an intern pharmacist acting under the supervision of a registered pharmacist, may:

(a) Receive a new prescription order orally from a prescriber or other person authorized by law.
(b) Consult with a patient or his or her agent regarding a prescription, either prior to or after dispensing, or regarding any medical information contained in a patient medication record system or patient chart.
(c) Identify, evaluate and interpret a prescription.
(d) Interpret the clinical data in a patient medication record system or patient chart.
(e) Consult with any prescriber, nurse or other health care professional or authorized agent thereof.
(f) Supervise the packaging of drugs and check the packaging procedure and product upon completion.
(g) Be responsible for all activities of pharmacy technicians to ensure that all such activities are performed completely, safely and without risk of harm to patients.
(h) Perform any other duty which federal or state law or regulation authorizes only a registered pharmacist to perform.
(i) Perform all functions which require professional judgement.

I hereby agree to abide by the Rules of Professional Conduct as they may, from time to time, be revised by the California State Board of Pharmacy.

Print Name of Applicant_____

Signature of Applicant_____ **Date** _____

California State Board of Pharmacy
400 R Street, Suite 4070, Sacramento, CA 95814-6237
Phone (916) 445-5014
Fax (916) 327-6308

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

PHARMACY MANAGEMENT OBJECTIVE

(OPTIONAL)

The Board of Pharmacy, realizing the needs for a improved knowledge of pharmacy management, would encourage interns to achieve the following objectives to develop fundamental skills in economics, security, personnel development and patient relations.

1. The Intern shall be able to discuss the underlying principles of preparation of a budget, daily transactions and fiscal constraints necessary in the management of the pharmacy.

2. The Intern shall be able to accurately price a prescription, OTC medication and other health related items and have an understanding of pricing policies.

3. The Intern shall be able to efficiently order drug supplies both direct and wholesale courses.

4. The Intern shall be able to discuss and demonstrate methods of inventory control and its relationship to good purchasing procedure.

5. The Intern shall be able to discuss the various prepaid or third party plans and their procedures and able to accurately complete and submit the appropriate forms for reimbursement.

6. The Intern shall be able to discuss the effective and appropriate utilization and supervision of ancillary personnel.

7. The Intern shall be capable of performing security procedures within the pharmacy.

1719. Requirements For Admission to Examination.

(a) Applicants for the pharmacist licensure examination shall have completed all requirements to graduation from a school of pharmacy accredited by the American Council on Pharmaceutical Education or recognized by the Board.

(b) As of July 1, 1986 all candidates for the pharmacist licensure examination shall have completed a minimum of 1,000 hours of experience prior to applying for the examination.

1728. Intern Experience - Requirements for Licensure

(a) Minimum Hours: All intern pharmacists must complete1,500 hours of experience as a prerequisite to licensure.
  (1) First Year Maximum: A maximum of 250 of the recognized 1,500 hours may be obtained during the first year of pharmacy education in a program sponsored by a school of pharmacy recognized by the Board.
  (2) Preceptor Supervision: A minimum of 900 of the requires 1,500 hours must be obtained in a pharmacy under the supervision of a preceptor.
  (3) Board approved Experience: A maximum of 600 of the required 1,500 hours may be granted at the discretion of the Board for other experience which substantially relates to the practice of pharmacy.

(b) Required Area of Experience: Effective January 1, 1986 all applicants for licensure must complete experience in both community pharmacy and institutional pharmacy practice setting in the following areas.
  (1) Receiving and interpreting the prescription;
  (2) Patient medication profiles;
  (3) Prescription preparation;
  (4) Consultation;
  (5) Record keeping;
  (6) Over the counter products;
  (7) Drug Information

(c) Proof of Experience: All intern Pharmacists are required to submit proof of experience on Board approved affidavits which shall be certified by the preceptor under whose immediate supervision such experience was obtained.

(d) Out-of-State Exemption: One who is licensed as a pharmacist in any state and who has practiced as a pharmacist in the state for at least one year, as certified by the Board of Pharmacy of that state, shall be exempt from pharmaceutical requirements of this section.

Effective August 14, 1985.

INSTRUCTIONS FOR COMPLETING A "REQUEST FOR LIVE SCAN SERVICE" FORM
(California Residents)

The following instructions are provided to assist you in completing this form accurately. Please follow all instructions carefully and print clearly; failure to do so may result in processing delays of your application.

1. **Job Title or Type of License, Certification, or Permit:** Enter the type of license, certification or permit for which you are applying. Appropriate license types include pharmacist, pharmacy technician, intern pharmacist, exemptee, or if an owner or officer of a pharmacy, hospital, clinic, wholesaler or hypodermic permit enter appropriate title of the facility.
2. **Name of Applicant:** Enter your last name, first name and middle name. Do not use initials or name abbreviations.
3. **AKA:** Enter all other names you have used, including your maiden name.
4. **CDL No:** Your California Driver's License Number.
5. **DOB:** Your date of birth (month/day/year).
6. **SEX:** Your gender (male or female).
7. **HT:** Your height in feet and inches.
8. **WT:** Your weight in pounds.
9. **Misc. No.:** Enter other identifying numbers. (e.g., Other State Driver's License Number)
10. **EYE Color:** Color of your eyes
11. **HAIR Color:** Color of your hair
12. **Home Address:** Your residence address
13. **POB:** Enter your place of birth.
14. **SOC:** Enter your Social Security Number

Take the completed form to your nearest Live Scan site for fingerprint scanning. There are more than 130 Live Scan sites throughout the state. An up-to-date Live Scan site list is on the Department of Justice's (DOJ) Internet web page at http://caag.state.ca.us/app/contact.pdf or call your local police or sheriff's department.

Contact the live scan service for hours of operation, an appointment (if necessary), acceptable forms of payment and identification requirements. Be prepared to pay **ALL applicable fees** (the DOJ processing fee of $32 and fingerprint scanning service fee) at the time your prints are taken. The live scan fingerprinting service fee varies from about $5 to $20. The cost to electronically submit your fingerprints is determined by the local Live Scan agency and the agency can charge a fee sufficient to recover its costs.

The lower portion of the Request for Live Scan Service form must be completed by the live scan operator. The original of the form is retained by the scanning service; the second copy is to be attached to your application and submitted to the board; and the third copy is for your records.

FINGERPRINTING AUTHORITY

Section 144(b) of the Business and Professions Code authorizes the Board of Pharmacy to require an applicant for licensure to furnish a full set of fingerprints for purposes of conducting criminal history record checks. Fingerprints are required in order for the DOJ to conduct background checks for criminal convictions.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0071 (Code assigned by DOJ) Type of Application: (check one) ☐ Employment ☑ License, Certification, Permit ☐ Volunteer

Job Title or Type of License, Certification or Permit: Pharmacy Intern - Section 4015

(See instruction sheet for appropriate license types)

Agency Address Set Contributing Agency:

Board of Pharmacy
Agency authorized to receive criminal history information

05712
Mail Code (five-digit code assigned by DOJ)

400 R St Suite 4070
Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Sacramento CA 95814
City State Zip Code

(916) 445-5014
Contact Telephone No.

Name of Applicant: _____
(Please print) Last First Middle

AKA's: _____
Last First

CDL No. _____
California Driver's License Number

DOB: _____ SEX: ☐ Male ☐ Female
Date of Birth

Misc. No. **BIL -** Applicant to pay fees
Agency Billing Number (if applicable)

HT: _____ WT: _____
Height Weight

Misc. No. _____
Other State Driver's License Number

EYE Color: _____ HAIR Color: _____

Home Address:

POB: _____
Place of Birth

Street or PO Box

SOC: _____
Social Security Number

City, State and Zip Code

Your Number: XXXXXXXXXXXXXXXX
OCA No. (Agency Identifying No.)

Level of Service DOJ ☑ FBI ☐

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Employer Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Street No. Street or PO Box

XXXXXXXXXXXXXXXXXXXXXXX
Mail Code (five digit code assigned by DOJ)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
City State Zip Code

( ) XXXXXXXXXXXXXXXXXXXXX
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed

BCII 016 (rV 10/98) ORIGINAL **-Live Scan Operator; SECOND COPY-Board of Pharmacy; THIRD COPY-Applicant**

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0071 (Code assigned by DOJ) Type of Application: (check one) ☐ Employment ☑ License, Certification, Permit ☐ Volunteer

Job Title or Type of License, Certification or Permit: Pharmacy Intern - Section 4015

(See instruction sheet for appropriate license types)

Agency Address Set Contributing Agency:

Board of Pharmacy — Agency authorized to receive criminal history information

05712 — Mail Code (five-digit code assigned by DOJ)

400 R St Suite 4070 — Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Sacramento CA 95814 — City State Zip Code

(916) 445-5014 — Contact Telephone No.

Name of Applicant: (Please print) Last First Middle

AKA's: Last First

CDL No. — California Driver's License Number

DOB: — Date of Birth

SEX: ☐ Male ☐ Female

Misc. No. **BIL -** Applicant to pay fees — Agency Billing Number (if applicable)

HT: — Height

WT: — Weight

Misc. No. — Other State Driver's License Number

EYE Color: HAIR Color:

Home Address:

POB: — Place of Birth

Street or PO Box

SOC: — Social Security Number

City, State and Zip Code

Your Number: XXXXXXXXXXXXXXXX — OCA No. (Agency Identifying No.)

Level of Service DOJ ☑ FBI ☐

If resubmission, list Original ATI No.

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX — Employer Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX — Street No. Street or PO Box

XXXXXXXXXXXXXXXXXXXXXXX — Mail Code (five digit code assigned by DOJ)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX — City State Zip Code

( ) XXXXXXXXXXXXXXXXXXXXX — Agency Telephone No. (Optional)

Live Scan Transaction Completed By: — Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed

ORIGINAL-Live Scan Operator; SECOND COPY **Board of Pharmacy; THIRD COPY-Applicant**

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0071 (Code assigned by DOJ) Type of Application: (check one) ☐ Employment ☑ License, Certification, Permit ☐ Volunteer

Job Title or Type of License, Certification or Permit: Pharmacy Intern - Section 4015

(See instruction sheet for appropriate license types)

Agency Address Set Contributing Agency:

Board of Pharmacy — Agency authorized to receive criminal history information

05712 — Mail Code (five-digit code assigned by DOJ)

400 R St Suite 4070 — Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Sacramento CA 95814 — City State Zip Code

(916) 445-5014 — Contact Telephone No.

Name of Applicant: (Please print) Last First Middle

AKA's: Last First

CDL No. — California Driver's License Number

DOB: — Date of Birth

SEX: ☐ Male ☐ Female

Misc. No. **BIL -** Applicant to pay fees — Agency Billing Number (if applicable)

HT: — Height

WT: — Weight

Misc. No. — Other State Driver's License Number

EYE Color: HAIR Color:

Home Address:

POB: — Place of Birth

Street or PO Box

SOC: — Social Security Number

City, State and Zip Code

Your Number: XXXXXXXXXXXXXXXX — OCA No. (Agency Identifying No.)

Level of Service DOJ ☑ FBI ☐

If resubmission, list Original ATI No.

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX — Employer Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX — Street No. Street or PO Box

XXXXXXXXXXXXXXXXXXXXXXX — Mail Code (five digit code assigned by DOJ)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX — City State Zip Code

( ) XXXXXXXXXXXXXXXXXXXXX — Agency Telephone No. (Optional)

Live Scan Transaction Completed By: — Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed